

**Application Data Sheet**

**Application Information**

Application Number::

Filing Date::

Application Type:: **US National Phase**

Subject Matter:: **Utility**

Suggested Classification::

Suggested Group Art Unit::

Title:: **METHOD FOR TRANSMITTING ADDITIONAL  
INFORMATION BY COMPRESSION OF THE  
HEADER**

Attorney Docket Number:: **4590-473**

Request for Early Publication::

Request for Non-Publication::

Suggested Drawing Figure::

Total Drawing Sheets:: **10**

**Applicant Information**

Applicant Authority Type:: **Inventor**

Primary Citizenship Country:: **France**

Status:: **Full Capacity**

Given Name:: **Catherine**

Middle Name::

Family Name:: **LAMY**

Name Suffix::

City of Residence:: **Paris**

State or Province of Residence::

Country of Residence:: **France**

Street of Mailing Address:: **147, rue de Bercy**

City of Mailing Address:: **Paris**

Postal or Zip Code:: **75012**

Applicant Authority Type:: **Inventor**  
Primary Citizenship Country:: **France**  
Status:: **Full Capacity**  
Given Name:: **Pierre**  
Middle Name::  
Family Name:: **VILA**  
Name Suffix::  
City of Residence:: **Rueil-Malmaison**  
State or Province of Residence::  
Country of Residence:: **France**  
Street of Mailing Address:: **10, boulevard du Maréchal Joffre**  
City of Mailing Address:: **Rueil-Malmaison**  
Postal or Zip Code:: **92500**

### **Correspondence Information**

Correspondence Customer No:: **33308**  
Phone Number:: **(703) 684-1111**  
Fax Number:: **(703) 518-5499**  
E-Mail Address:: **docketing@ipfirm.com**

### **Representative Information**

Representative Customer Number::  
**Representative Designation::** **Registration Number::** **Representative Name::**  
*Primary* *37,093* *Kenneth M. Berner*  
*Primary or Associate*

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

### **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
<b>FR</b>	<b>03 08235</b>	<b>July 4, 2003</b>	<b>Yes</b>
<b>FR</b>	<b>03 09553</b>	<b>August 1, 2003</b>	<b>Yes</b>
	<b>PCT/EP2004/051311</b>	<b>June 30, 2004</b>	<b>Yes</b>

### **Assignee Information**

Assignee Name:: **THALES**  
Street of Mailing Address:: **45, rue de Villiers**  
City of Mailing Address:: **Neuilly Sur Seine**  
State of Mailing Address::  
Country of Mailing Address:: **France**  
Postal or Zip Code:: **92520**